



# Change of Circumstances Form

If you are already on the register for ChoiceHomes@Pembrokeshire, please use this form to tell us if your circumstances have changed.

## YOUR DETAILS

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Membership No:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

## WHAT HAS CHANGED?

### 1. Have you changed address?

If yes, please complete a new ChoiceHomes@Pembrokeshire application form (your membership number and date of registration will stay the same).

### 2. Have you recently had or are expecting a baby?

If yes, please provide us with a copy of the baby's birth certificate, or a copy of the MAT B1 form.

### 3. Has your health changed and you need to move to alleviate the condition?

If yes, please provide evidence to support this from a medical professional.

### 4. Are you unable to afford your current accommodation?

If yes, please explain why:

**5a. Do you wish to add any more people to your housing application?**

If yes, please fill in the box below including whether they are to be a joint applicant with you (if you do not have enough room below use an additional sheet and return with this).

	<b>1<sup>st</sup> Person</b>	<b>2<sup>nd</sup> Person</b>
Full name		
D.O.B		
Sex		
Relationship to you		
Address		
If less than 6 months state previous address		
If joint applicant* (yes or no)		

**\*If joint applicant please provide telephone number and email address.**

**b. Has anyone that you wish to add been convicted or cautioned, or have proceedings pending of an offence (other than a spent conviction under the rehabilitation of offenders Act 1974) including anti-social behaviour orders, or breaches of tenancy conditions?**

Yes  (Please provide details)    No

<b>Name</b>	<b>Offence Details</b>	<b>Date</b>	<b>Sentence/Outcome</b>

**6. Any other changes that affect your housing situation?**

If yes, please tell us what has changed and how it affects your application for housing.

**Print Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For a copy of this form in large print, Braille or an alternative language, please contact Pembrokeshire County Council on 01437 776613.

By ticking the below box I am allowing ateb to use my personal data to respond to this service request. My personal data will be securely held and used to fulfil the selected service request in accordance with the ateb privacy statement. Please refer to the ateb privacy statement to understand how we protect your personal data [www.atebgroup.co.uk/privacy-cookie-policy](http://www.atebgroup.co.uk/privacy-cookie-policy). For personal data queries, data access requests, amends or removal please email [mydata@atebgroup.co.uk](mailto:mydata@atebgroup.co.uk)

**I agree for you to use my personal data**